

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	6-18-01
FORMALITY REVIEW	MD	579	8/2/01
RESPONSE FORMALITY REVIEW	ET	1078	11-22-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	03/14/01
2	03/14/01
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓

Claim	Date
Final Original	
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Claim	Date
Final Original	
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